-5004	infor- state UPA-			ט—נו	CERTIFICATE OF DEATH 04	45.
M		1	PLACE OF DEATH		Parishating Diet No. 9	
	should of of OCC	1	County County	10 E	Registration Dist. No. 75	Ward
	0		Village or City and well	(lf	death occurred in a hospital or institution, give its NAME instead of street and n	
	Every SIANS ement		Longth of residence in city or town where daath occurredyrs	mos.	ds. How long in U.S. fi of foreign birth?mo	sds.
	Every ICIANS tement	2	FULL NAME auf hadre	ef.	alamon	
	CORD. Every PHYSICIANS ict statement		(a) Residence: No. (Usual place of abode)		St., Ward. If nonresident give city or town and	State
	RECOKD . PHYS Exact sta		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
	LY.	3.3	1. COLOR OR RACE OR DIVORCED (write the w	VED, /ord)	21. DATE OF DEATH 20 (Day)	, 193 (ear)
DING	AN C Ssifi	5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended of	deceased from
BINDIN	CXZ	6. 1	DATE OF BIRTH (month, day, end year) Mory 26 -/9	926		. ; daath is said
	IS A PE stated E properly ertificate	7.	GE Years Months Days If LESS	F	to have occurred on the date stated above, at 4, 30 P.m.	
FOR	IS A I stated proper		74. 0 orm		The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
A	THIS d be	NO	8. frade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc		Jurin Mys maica	
VE	ould may back	PAT	9. Industry or business in which work wes done, as SILK MILL,		Drowning	
ER	Shou it m	CCC	SAW MILL, BANK, etc.		() A A	29
RESERVED	(T) +	0	10. Date dacaased last workad at this occupation (month and year)		Cacidental	
	DIL So scti	12.	BIRTHPLACE (city or town) Careface by the (State ar country)		Othar Contributory Causes of importanca:	
MARGIN	UNFA supplied n terms, ee instru	HER	13. NAME Jerra Matkenson			
MA	D # 2 "	FATH	14. BIRTHPLACE (city or town) Powland will		Name of operation Date of	
	H .= 00		(State or country) Monte	red.	What test confirmad diagnosis? Was there an a	utopsy?
	X, WITH carefully TH in pla ortant.	HER	15. MAIDEN NAME of allugue & Wald		23. If death was due to external causes (VIOL ENCE) fill in elso the following	
	INEX, Williams to the careful EATH in important.	MOT	16. BIRTHPLACE (city or town) Cold & (Stete ar country)	0	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
			4.7 10 10 11		(Specify city or town, county and State Specify whathar injury-occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACF
	PLA nould DF D	17.	(Address) Cover very			
	65 10	18.	BURIAL, CREMATION, OR REMOVAL	.41	Menner of injury	
	-WRITI mation CAUSE TION is	-	Place of offerences was Mabate pris 2.3.1	.9_aL_L_	Nature of injury	
1.1	M maa CA TIC	19.	UNDERTAKER (Address) P Asian Sens Ond		24. Wes disease or injury in eny way ralated to occupation of deceesed?	000
Z	B		14122 41		(Signed) Twise min office of the	12K
(>T	*	20.	FILED 19 19 Regis	strar.	(Addrass)	
		7	If more blanks are needed, address State R	egistrar,	2411 N. Charles Street, Batrithers, Requesting \$35. No. 1.	ner
			V			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAY 1 1931	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

"state occupation at beginning of illness. If retired from whatever, write None. tired 6 gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomolive engineer, But in many Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fover (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIE Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE COUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," as fracture of skull, carbolic acid-probably smcide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid (secondary unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sorcoma, Never report mere symptoms or terminal condicough; or intercurrent) Chronic and consequences (e. g., sepsis, etc. valvular heart diseose; affection The contributory need Measles ; not be etc., of

permanently filed. If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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PLACE OF DEATH County Corporati	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Uhlu (No. Un	Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work b) General nature of industry business, or establishment in which employed or (employer)	Contributory Placeula Production
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) (Duration) yrs ds. (Signed) (Address) (Signed) (Address)
OF MOTHER Jully 13 BIRTHPLACE OF MOTHER (State or Country)	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsfients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) (Address) (Address)	to not at place of dea h?
15 Filed Color 1923 / Draws Ja ag	20 UNDERTAKER ADDRESS
If more banks are needed, address tate liegistral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

KEVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census : nd American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not raid Housekeepers who receive a should be used only when needed. As examples: (a) to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g., Farmer or Planter, tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery,

s isal meningitis", ; Diphtheria (avoid use of "Croup"); ed term for the same dise se. E.amples: Cerebrospina Ty, hold fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on iclanus) may be stated under the head of "contributory." American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death (secondar or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the Measles;

- permanently filed If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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1931

M	LY, PHYSI- fled. Exact	PLACE OF DEATH County Cecil Near of	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9
CORD	ated EXACTLY, operly classified certificate.	2FULL NAME James W. C	St.: Ward) Body St.: Ward) (If death occurred in a hospitel or institution, give its NAME instead of aumber.)
	stated proper f certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMAMEN	should be st it may be pr on back of	Male Colored Single, Married, Wildowed, Or Dayson Conference 6 DATE OF BIRTH	16 DATE OF DEATH Opul 232, 193/ (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
R BIF A PE	and W	(Month) (Day) (Year)	that I last saw h/M alive on 4/23 195/.
D FOI	ed. A	7 AGE 6 Ayrs. 6 mos. 8 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
SERVED INKTHIS	sup in te	(a) Trade, profession or particular kind of work (b) General nature of industry	From information.
4 . 0	= 0 =	business, or establishment in which employed or (employer)	Contributory of the Heart
MARGIN RE	F DEAT	(State or country) 10 NAME OF FATHER	Secondery (Duration) (Signed) (Signed) (Signed)
M VITH L	USE OF	II BIRTHPLACE	*State the Disease Causing Death, or, 10 deaths from Violent Causes, state (1) Means of Injury and (2) Whether
C	nformation state CAUS CCUPATION	(State or country) 12 MAJOEN NAME OF MORHERUE OLLEGOUS 13 BIRTHPLACE	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tensions or Recent Residents)
PL.	T po	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	At place of death
WRITE	Every Item o	(Informant) Do Body	Former or usual residence
Fo. 1	CIAN	(Address) Colone M2	Int Goas, Ind, Chil 271931
z bi	× ×	ZYMM TYMWYMW Registrar	, 16 W. Saratova St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Camposilar, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nane. tired 6 business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At hame. Care should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Hausewife, Househousehold only (not paid Hausekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automabile factory. The material first line will be sufficient, e. g., Farmer ar Planter, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Catton mill; (a) Salesman. For persons who have no occupation Laborer--Caal minc, etc. Wom-6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia")

> American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthonia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Paisaned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilanitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumania (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis af lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; for malignant neoplasms); Measles; Chranic etc. valvular heart Always qualify all The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PEAU

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PLAGE OF, DEATH	(1445) STATE OF MARYLAND
County Oeal	CERTIFICATE OF DEATH
00	Registration Dist. No. 9/
Village or City Thesapeaker (Nacty	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and
2FULL NAME Junell	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Shingle, who were the state of th	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last job h M alivo on 7/12, 1931.
7 AGE Stranger 30 yra. Apos. ds. or min.?	and that death occurred on the date stated above, at 10. A. m. The CAUSE OF DEATH * was saffollows:
B DCCUPATION [a) Trade, profession or particular kind of work	Part Alatation of
(b) General nature of industry business, or eatablishment in which employed or (employer)	the Hearturation) yrs. mos do.
9 BIRTHPLACE (State or country) Conada	Contributory Secondary (Duration)yrs
10 NAME OF FATHER	(Signed)
II BIRTHPLACE OF FATHER Z (State or country) U 12 MAIDEN NAME	*State the Disease Gusing Death, or, in deaths from Violent Gustes, tage (1) Means of Injury and (2) Whether Accidental, Building Rooms and Company an
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Corbuins Cuchin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Opil 17 1931 B. Haward Braun Registrar	20 UNDERTAKER ADDRESS ELKton W
If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept. EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> 12 tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart rame," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock, American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles;

answered in detail, it will prevent further correspondence. All these data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

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B

1PLACE OF DEATH	04464 STATE OF MARYLAND
October Street	CEPTIFICATE OF DEATH
County	Registration Dist. No. 92
Village or City Elstone (No. 1	Mean Xouldst: Ward) (If death occurred in a hospitel or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 5
Month) (Day) (Year)	that I last saw have alive on 1923.
7 AGE Stanta Sta	and that death occurred on the date stated above, at
(a) Trade, profession or A Horne	Tarana a
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 10 yrs. 7 mos ds
9 BIRTHPLACE (State or country) Perusy loania	Contributory Secondary (Durstion)
10 NAME OF FATHER Win Patterson	(Signed) D. St. M. D. M.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Suball Macuel	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Or information	At place of desthmosds, In the Stateyrsds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des h?
(Informant) Elekton 2nd	Elkton Cerutary DATE OF BURIAL Of S., 193
15 Filed april 8 19231 Shaws Frager	20 UNDERTAKER Pippine Elkton My
If more banks are needed, address ttate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precused mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many Locomolive engineer, (b) Grocery;

s. inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Proed term for the same dise.se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia, 6

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inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

answered in detail, it will prevent further correspondence. permanently filed. duta is essential and must be obtained before the certificate in If this certificate is looked over thoroughly and all qu stions

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Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Example: Measles (disease

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Statement of Cause of Death—Name, first, the pis-EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. "PUERPERAL septieaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronie valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) by Committee on Nomenclature of the and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

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Inhorer, Farm laborer, Laborer worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cougn; chronic interstitial nephritis, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory

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PLACE OF DEATH	04470 STATE OF MARYLAND
County County Corposate Limi	CERTIFICATE OF DEATH
	Registration Dist. No. 92
Village or City Eleton mode. Comio	tion, give its NAME II
2FULL NAME JOSEPH T	rock stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH CAPUL 4 , 1921 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1882 (Year)	that I last saw ht Malive on 4/4, 1931,
7 AGE If LESS than	and that death occurred on the date stated above, at 10. A m.
48 yrs. 6 mos. 2 ds. or min.?	Vrom information
(a) Trade, profession or particular kind of work	Punctived lung from
(b) General nature of industry business, or establishment in which employed or (employer)	Hemorrhagondry severings.
9 BIRTHPLACE (State or country) Penna	Contributory of the army percentage of the Contributory of the Con
FATHER Frank Frock	(Signed Hayer M. M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Courses state (1) Moons of Injury and Causing Whether Accidental Subrigal of Homicipals.
of MOTHER Eliza & Mashing	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) my Joseph Frack	Former or usual res.donce
(Address) Eleton rul RD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed affir 14 19231 Frances From	20 UNDERTAKER ADDRESS Elkton Zend
If more banks are needed, addre. s : tate vegistrar	, 16 W. Saratoga St., Baito., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queslaborer, the first line will be sufficient, e g., Farmer or Planter, cupation is very important, so that the relative health-Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation -- Precise statement of ocor At Home, and children, For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc. Womnot gainfully em-

Strtement of Cause of Death—Name, first, the DIS-BAIJ CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Tylhoid fever (nover report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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M)	Y, PHYSI-
	THIS IS A PERME INT ECORD	ppiled. ACE should be stated EXACTLY, PHYSI- erms so that it may be properly classified. Exact
U		be
VED FOR BINDING	PERMA	should it may
Œ	A	CE
FO	IS	So t
/ED	-THIS	ppiled erms

PLACE OF DEATH	STATE OF MARYLAND
County Clearl	(95-4) CERTIFICATE OF DEATH
/ PD 01-	Registration Dist. No.
Village or City harlestown No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an
2FULL NAME DOWN	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,	16 DATE OF DEATH april 901, 1931
B DATE OF BIRTH April 3, 1845	17 I HEREBY CERTIFY, That I attended the deceased from 192 1. to 192 1.
(Month) (Day) (Year)	that I last saw hash sore on
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at 1.30 Pm The GAUSE OF DEATH * was be follows:
B OCCUPATION (a) Trade, profession or Refund particular kind of work	acute deletation of Hears
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)mosd
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)yrs
10 NAME OF Baraham	(Signed)
OF FATHER (State or country) 12 MADEN NAME	*State the Tisrase Causing Death, or, in deaths from Violent Causes, take (1) Weam I Injury and (2) Whether Accidental, Suicidal or Homidial.
of Mother Copoper	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs Bayord Blook	Former or usual residence
(Address) Chalgstown Mg	Charlestown Cerviley Mrs Ofr 5, 193
15 Filed 4-4-31 192 Too W. Queens	20 UNDERTAKER ADDRESS

114471

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, not gainfully em-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"; fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia, 2

> "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage 'Puerperal septicaemia," "Puerperal peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

· Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 1 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUPFAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 04473
	1. PLACE OF DEATH	(82-d.)
OCC PRO CO	County Cecil	Registration Dist. No. 95
item of should of OCC	Village or City Trowlandville	No. St., Ward
200 4	Length of residence in city or town where death occurred 2 3 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
SORD. Every PHYSICIANS oct statement	2. FULL NAME Haggart Harris	
RD. I	(a) Residence: No. Sixth	St., Ward.
H S T	(Usual place of abode)	If nonresident give city or town and State
RESO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HA	Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
BINDING PERMANEN EXACTL y classified.	5a. If married, widowed, or divorced layabeth HUSBAND of (or) WIFE of	22. MEREBY CERTIFY, That I attended deceased from
BINI ERM EX Class	6. DATE OF BIRTH (month, day, end year) May 20, 1847	I last saw h and alive on A 1936 death is said
	7. AGE. Years Months Deys If LESS than	to have occurred on the date stated above, of 420 cm.
FOR IS A I stated properl ertifica	83 11 14 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
70	8. Trade, profession, or particular kind of work done, as SPINNER, ANYERS BOOKEEPER, etc. Anyers	016
THE de bear by bear by bear by bear bear bear bear bear bear bear bear	Industry or business in which	paralyer F4. DIVA Jan 36
VK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	() unimi
SE TI ES TO	10. Date deceased last worked at this occupation (month and Oct. 3 spent in this year) 11. Total time (years) 5 spent in this occupation 5	4.43
N A L O	Bustandielle	Other Coutributory Causes of importance:
MARGIN I UNFADIN supplied. n terms, so	(State or country) maryland	(A) Colony
ARG] NFA pplied erms,	13. NAME Hazzard Harris	
MA CH U y sur Jain to See	14. BIRTHPLACE (city or town)	Name of operation Date of
F 5 5	Call Country	What test confirmed diagnosis?
- No - 12	15. MAIDEN NAME Colyabeth Glasco	23. If death was due to external causes (VIOLENCE) fill In also the following:
INLY, be car EATH imports	5 16. BIRTHPLACE (city or town) Wewwast (State or country) Pennsylvania	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
d be DEA'	17. INFORMANT anna Bearing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) Rowlandville, mh.	
	Place M. Joan and Date April 9, 1931	Nature of Injury
-WRITE mation scause CAUSE TION is	10 HADERTANEO LE CINSON!	24. Was disease or Injury in eny way related to occupating of deceased?
OF LEOF	19. UNDERTAKER (Address) Riving Lun mid	If so, specify
8. B	20. FILED Sprg 19310/	(Signed) M. (
7)4	Tours my MMMMM Registrar.	(Address)
	flowing would blanks gre needed dadyers Stay Regular as	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:	Towns .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA	1. PLACE OF DEATH County Cecil les Mc	2	Registration Dist. No. 15		
statement of 0	Village or City. Rusing Sin		NoSt.,W death occurred in a horpital or institution, give its NAME instead of street and number)		
	2. FULL NAME Delleans J (a) Residence: No. (Usua	Iplace of abode)	St., Ward. If nonresident give city or town and State		
,	PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	s. SEX 4. COLOR OR RACE OR DIX	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH Jeril 193/ (Month) (Day) (Yaer		
	ia. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That I attanded deceased		
8 -	5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day	1, 1927 ys If LESS than	I last saw h are aliva on Arid 18 , 193 (; death is to have occurred on the date stated above, at \$ 400 m.		
	4 10 19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware es follows:		
-	8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc		- The series produced the series of the seri		
1	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Total time (years) spent in this			
12	this occupation (month end yaar) BIRTHPLACE (city or town) (State or country)	spent in this occupation	Other Contributory Causes of Importence: Canflury		
	13. NAME Mellain keeter 14. BIRTHPLACE (city or town) (State or country)	Harry			
	(Stete or country)		Name of operation Date of Date of Whet tast confirmed diagnosis? Was there an autopsy?		
	15. MAIDEN NAME Bucha Me	re Prince.	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?		
	15. MAIDEN NAME Bulla Me 16. BIRTHPLACE (city or town) (Steta ar country)				
	17. INFORMANT MAS A MANUEL MAN	Lynd.			
	Place J. element Comboy Date	garil 22, 1931			
	19. UNDERTAKED 6. Jyson (Addrass Rusing Sun.	and.	24. Was diseasa or injury in any way releted to occupation of deceesed?		
	20.61118 Oper. 20 1931	Registrar,	(Signed) (Address) Ruguno Suu		

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Other contributory causes of importance:		Other contributory causes of importance:			
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE O	F DEAT	Н			(83)		
1/	County	Cecil				Registration Dist. No. 96		
	Village or (city_U_S	. Vetera	eath occurred	ital, Perry	y Polent Id. St., r death occurred in a horpital or institution, give its NAME instead of street and n s. 22 ds. How long in U.S. if of foreign birth? yrs. mo	Ward umber) s ds.	
2.	FULL NA	ME	HUNT F	lovd R.		XC-1 370 554		
	(a) Resider		,			y, Sprie, Payard. If nonresident give city or town and	State	
	PERSON	IAL AND	STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SI	male		OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word) rried	21. DATE OF DEATH April 5 (Month) (Day)	193 1 • (Year)	
5a. I	f married, widow HUSBAND of	ed, or divor	ced			22. I HEREBY CERTIFY. That I attended of	lananad from	
	(or) WIFE of	Kath	erine Wh	itman Hu	nc	22. I HEREBY CERTIFY, That I attended of January 13, 19 31to April 5		
c D	ATE OF BIRTH	(month day	To:	nuary 1	5. 1897	l last saw h_im alive on Aprill 5, 19.31		
7. A		irs	Months 2	Days 20	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, al. 2:40 - AuM. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance	, 40411113 3414	
Z	9 Trade application as positivates					General Paralysis of the Insane 1930		
1	9. Industry or	business in	which				m 144	
SUP		s done, as SI LL, BANK, et		AD 100 DEC				
8)		pation (mont	ted at	sps	time (years) intin this			
12. 1	BIRTHPLACE (ci		North	East, F	upation	Other Contributory Causes of Importance:		
ER	13. NAME		George H	innt				
I			n) Unkn			Name of apparation		
FA		conutity)	/n)OTIALI	0.90		Name of operation Data of What test confirmed diagnosis? Was there an at	tonev?Yes	
ER	15. MAIDEN NA	ME	Ka the ri	ne Whitm	na.n	23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER		(city or tow	vn)Unk			Accident, suicide, or homicide?		
17. 1	NFORMANT		Hospi	tal Reco	rds	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.	
18.	8. BURIAL, CREMATION, OR REMOVAL					Manner of injury		
	PlaceE	rie I	Q	DateAr	ril_6_, 19_31	- Natura of injury		
19. (UNDERTAKER(Address)	P. R. 1		litchell, Grace	Md.	24. Was disease or injury in any way raiated to occupation of deceased?	1 (to	
20. 1	FILED 4	6,1	31 Che	ures el	Morrison hey Registrar.	(Signed) W. A. E ILI SCN, Act. Med. Off. (Address) Perry Point, Mc.	in Ch. D	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		ADMINISTRA MIRASOURS		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1 2 2 2		STATE OF MARYLAND—	CERTIFICATE OF DEATH (1447)
State OF A	1	PLACE OF DEATH	82-0
occupation of the second		County Cecil	Registration Dist. No. 95
item of should of OCC		Village or City Pusery Sum. Ind.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		Length ol residence in city or town where death occurred 40 yrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds
Every CIANS ement	2	FULL NAME Theolophlyous ton	es
Si S		(a) Residence: No.	St., Ward.
CORD. Every RHYSICIANS of Statement	-	(Usual place of abode)	ff nonresident give city or town and State
Exact	3, 5	PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	12	ale Colored OF DIVORCED (quite the word	(Month) (Day) (Year)
IDING MANEN' A C T L assifted.	5a.	If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
TO Y		(OT) WIFE OF July (Smith) Jones	nor 1 1930 to april 17 1981
SIN ERN EX cls.	6. 1	PATE OF BIRTH (month, day, and year) Cut 9 28 0/86/	I last saw h. Leave etive on after 15 , 19-3 ; death is sai
	7. /	GE Years Months Deys if LESS than	to have occurred on the date stated above, at 925 A.m.
FOR IS A stated proper ertific		69 7 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 00	2	8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebral Hamorxape
ED HIS be be of	Ony	SAWYER, BOOKKEEPER, etc.	
ERVI VK—T should it may n back	PA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED G INK—THII GE should be that it may be ins on back of	CC	10. Oate deceased last worked et 11. Total time (years)	
RES G I GE hat	0	this occupation (month and year) (month and year) (month and year)	· · · · · · · · · · · · · · · · · · ·
Z	12.	BIRTHPLACE (city or town) Conoungo	Other Contributory Causes of importance:
		(State or country)	
MARGIN REUNFADING supplied. AGI	ER	13. NAME Glorge P. Jones.	
t the	FATHER	14. BIRTHPLACE (city or town)	Name of operation Oate of
70	-	(State or country)	What test confirmed diagnosis? Was there an autopsy?
WITH efully in pla	HE	15. MAIDEN NAME Mary Boddy	23. If death was due to external causes (VIOL ENCE) fill In also the following:
1.	MOTHER	16. BIRTHPLACE (city or town) Convenience	Accident, suicide, or homicide?
AINCY, Id be can DEATH	-	(State er country)	Where did injury occur? (Specify city or town, county and State)
A DE A	17.	(Address) Rising Jun. Md	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
She She E O is v	18.	BURIAL, CREMATION, DE REMOVAL	Manner of injury
WRIT lation AUSE TON i	-	Place M. Joan Mc Date Gon 20193.	Nature of Injury
-WRITE PI mation shou CAUSE OF	19.	UNDERTAKER 4.6. Jyson.	24. Was disease or injury in any way releted to occupation of deceased?
No.		(Address) (12 ining buy ma.	If so, specify.
	20.	FILED 4 - 19 31 -	(Signed) / S BYBEL M.
(7) 5	1	Towns min offers along Registrar.	(Aggress) Many And MI
6	1	Mill Salling to the proceedings address Silve Rigistrary	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I	Example I		Example II		
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MAY 1 1931	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.				
		m 1 m 2			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	0	PLACE OF DEATH County Occident	()4471 (a)) m	STATE OF I	OF DEATH
certificate.	Vil	Plage or City 6 Klow (No	P. Kier	Registration Ward)	(If death assumed to
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
ack of	30	MARRIED. MARRIE	16 DATE OF DEATH	A (Month)	14, 1921 (Day) (Year)
ons on p	6 1	OATE OF BIRTH (Month) (Day) (Year)			ended the deceased from
Instructi		33 yrs. 25 ds. lfLESS than l day hrs. or min.?	and that death occurre The CAUSE OF DEATH		above, at 12 H, m.
tant. See	CP C(I) b	a) Trade, profession or planticular kind of work of the profession or planticular kind of work of the profession of the	Rodu	to Duretion or	Sell de
Impor	7	(State or country) Conn,	Contributory Secondary	(DAration)	lpro Pag do
ls very	S	10 NAME OF FATHER A COOL 11 BIRTHPLACE	(Signed) 4 15 193/	(Address) alle	low more
ATION	ARENT	OF FATHER (State-or equitry) Mr. Conflexible Pa. 12 MAIDEN NAME OF MOTHER SHEETS, Sheets.			or, in deaths from jury and (2) Whether
OCCUP	4	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrsmo	sds, In the	eyrsmosds,
of	14	(Informant) Olph S. Herty	Where was disease contractif not at place of death? Former or usual residence	crea,	
statement		(Address) 26 S, Broad St 11	19 PLACE OF BURIAL	or removal	apr 18, 193/
9	15	Filed Chy4: 1923 Johnson Frank (20 UNDERTAKER	pin	Elkton Zu
	-	If more blanks are needed, address State Registrate	, 16 W. Saratoga St., Ba	ito., Requesting V. S	5. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekecpers who receive a Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Automobile factory. The (b) Grocery, materia engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiwal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. "Exhaustion, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY 9.9 "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. affection need not be valvular heart Nomenclature of the Always qualify all The contributory

	ould state OCCUPA.	STATE OF MARYLAND— 1. PLACE OF DEATH County Cecil	-CERTIFICATE OF DEATH (1447)
1	sh of	Length of residence in city or town where death occurred yrs 4 mo	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) is. J ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	HYSI stat	(a) Residence: No. Jion (Usual place of abode)	St., Ward. If nonresident give city or town and State
	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
C	H CHI	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH Month) (Day) (Year)
NIC	SMANES XACTI	5e. If merried, wildowed, or divorced HUSBAND of (or) WIFE of abrasse W Morris	1 HEREBY CERTIFY. The lattended deceased from
BIND	Held .	6. DATE OF BIRTH (month, dey, end year) Dec 19, 1850 7. AGE Years Months Days If LESS then	I lest sew h. Ser alive on affile 18 1, 19 3 1; deeth is said to have occurred on the date stated above, et 245 2 m.
FOR	IS A PE stated E properly certificate	80 4 2 I day,hrs.	
VED	be be of	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	2 accusado 17 serrantes
24	INK—T should t it may on back	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
	DING . AGE so tha uctions	this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town) Wrights dale (Stete or country) Laneaster Co Par	Other Contributory Causes of importance:
MARGIN		13. NAME Somethan Pickering 14. BIRTHPLACE (city or town). To	-
M	H U	14. BIRTHPLACE (city or town).	Neme of operation Dete of
	H 2 4	(State of County)	Whet test confirmed diegnosis? Wes there an eulopsy?
	carefully carefully I'H in pla	15. MAIDEN NAME Gali Elma / Lambulon 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
	E PLAINEY, WI should be careful OF DEATH in p	17. INFORMANT. Charles H Morris (Address) North East, Mol	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E S S	18. BURIAL, CREMATION, OR REMOVAL PIECE Grand Commenting Madrie Jania 23, 19.1.	Menner of injury
40.1	mation s CAUSE TION is	19. UNDERTAKER A C J Man	24. Wes disease or injury in any wey releted to occupetion of deceased?
7	zi Zi	20. FILEO AN 22 19. 3 thur atm Registrar.	(Signed) Boliser Sun M. D. (Adgress) Arriver Sun M. D.
	0	Date Missich If more blanks are needed, address space Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample L		Example II		
The principal cause of dear of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	2244 4 - 1714	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	10.00	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. LAACTLY, Classified certificate. (If death occurred in Ward) hospital or Institution, give Its NAME instead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED OR DIVORCED may (Month) (Day).... HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH structions that that I last saw h/ Walive (Month) (Year) (Day) IIf LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. or min.? mos. ds. BOCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry was sitte business, or establishment in Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 0 10 NAME OF (Signed) FATHER L. 0 11 BIRTHPLACE S *State the Disease Causing Death, or, In Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths OF FATHER ENH S (2) Whether (State or country) AU ATIO 12 MAIDEN NAME œ O 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) state CCUP, d state 13 BIRTHPLACE In the At place OF MOTHER ...yrs........ds. of death ... (State or Country Where was disease contracted, of if not at place of death?.... THE BEST OF MY KNOWLEDGE shoul of 14 THE ABOVE IS Every item CIANS sho statement Former or usual residence (Informant) 19 BLACE OF BURIAL OR REMOV DATE OF BURIA Addre 20 UNDERTAKER ADDRESS Filed. Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

BINDIN

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, Never report mere symptoms or terminal condicough; or intercurrent) Chronic etc. The contributory affection need valvular Always qualify all heart disease; not be

PLACE OF DEATH County Cecil Village or City Hair Hill (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 93 St.: Ward) a hospital or institu-
2FULL NAME Howard	Patell. tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White OR PRACE SSINGLE, MARRIED, Mariel WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Jane 6, 1 900 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 20 /9 32/ to 7 1927, that I last saw h malive on 2 192 4,
3 0 yrs. 10 mos. ds. or min.?	and that death occurred on the date stated above, at find m.
(a) Trade, profession or Benterman	- Ellebrafolion
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contributory Contributory
9 BIRTHPLACE (State or country) Mary Pared	Secondary Dylation yrs mos ds,
FATHER A nound the state of chill	(Signed) M. D.
OF FATHER (State or country) M M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother ayers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent ResIdents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Miss alvie cayers	if not at place of death? Former or usual residence
(Informant) Coll to R 19 5	Pharps am april 13, 1931
15 Filed april 12 1921 C S. Grand Registras	2D UNDERTAKER O S Greek your Button Wed
If more banks are needed, addre.s Ltate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken laborer, Form laborer, Loborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil ongineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician. Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stotionary fireman, etc. Locomotive engineer, But in many

Strtement of Cause of Death—Name, first, the DISTERALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

atic), "Atrophy," "Collapse," "Coma, Convusions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Taemorrhage," "Taemorrhage," "Exhaustion," "Heart failure," "Iaemorrhage," American Medical Association.) "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid by Committee on Chronic valvular heart and consequences (e. g., sepsis, affection etc. The Nomenclature of the need contributory disease; Meosles; not be

V. S. No. 1

PLACE, OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Election (No. 2)	Registration Dist. No.
2 FULL NAME William Heury	a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Widoway, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Toly (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 1921 to 1921, to 1921, that I last saw h by alive on affect the first saw h by alive on affect the first saw h. 1921,
7 AGE 73 yrs. 2 mos. ds. or min.?	
(a) Trade, profession or House Painter	Ellerements of
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary // Dystion yrs
10 NAME OF FATHER Wen G. Rumell	(Signed). July M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Many Jake Bennett 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) Many Deace	if not at place of death? Former or usual residence
(Address) Elkton MS RD Z	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Of 27, 19.31
15 Filed April 27 1923 / Saul Baye	HUPippin Elkton my
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise For persons who have no occupation (b) Automobile factory. The material specification as Day 6) Grocery,

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, Whooping approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronicetc. The contributory valvular heart disease; not be

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	RITE 1

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospitai or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word (Month) (Day) (Year).... 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from .192, 192 that I last saw h ____alive on _____, 192...., (Month) (Day) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) OF FATHER ENT *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths from (State or country) (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For 4 OF MOTHER Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER (State or country Where was disease contracted, if not at place of death? OF MY KNOWLEDGE Former or usual residence (Informant) DATE OF BURIAL Registrar If more blanke are needed, address State Registrar, 16 W. Sahatoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on Or Farm laborer, Laborer-Coal mine, etc. Wom-At (b) Cotton mill; (a) without more precise specification as Day of Occupation-Precise statement of oc-Home, and children, For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and 'causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchepneumonia ("Pneumonia");

"(Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; Never report mere symptoms or terminal condi-'Congenital,' "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need not be valvular heart disease; Always qualify all The contributory "Dropsy, Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AAY 2 1931

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
stat UPA	1. PLACE OF DEATH	920	
of info	County Co-ecil 6 d	Registration Dist. No. 4 15	
iten sho		death occurred in a hospital or institution, give its NAME instead of street and number)	ard
NS NS	Length of residence in city or town where death occurred/yrsmos.	ds. How long In U.S. if of foreign birth?XyrsXmosX	ds.
Every in ICIANS atement	2. FULL NAME Sarah Ellew Very	rolds.	
E S. ts	(a) Residence: No. Poutaudasille (Usual place of abode)	St., Ward. X If nonresident give city or town and State	alones
KECO PB Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Lindle	21. DATE OF DEATH (Month) (Day) (Year)	
DING ANEN SSifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased for	rom
C C X X Z	9 00" 1010	Jel 193/ 10 apr 23 ,193/	
FOR BI IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and year) Mulf 3 - 1860 7. AGE Years Months Days If LESS than	I last saw b alive on, 19al, 19al; death is s	salu
FOR IS A I stated properlertifica	70 11 23 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
IIS IS be st. be pr of cer	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thronge Valorelar deserve jan 19	
	9 Industry or business in which	of their	
K-T nould may back	work was done, as SILK MILL, SAW MILL, BANK, etc		
INI INI INI INI INI INI INI INI INI INI	10. Date deceased last worked at Feb. 1 II. Total time (years), spent in this year)		
Z 4 6 5	12. BIRTHPLACE (city or town) & hester les. Pa	Other Contributory Causer of in portance: Claute Replication	1/
ARGIN JNFADI pplied. terms, se instruct			
	T	Name of operation Date of W	
MA FH U y sul lain t See	14. BIRTHPLACE (city or town) Lesses les les (State or country)	What test confirmed diagnosis? Was there an eulopsy? Z	6
WI'm	15. MAIDEN NAME MURICIAN Miller	23. If death was due to external causes (VIQLENCE) fill In also the following:	
INLY, W. be carefu EATH in important	[16. BIRTHPLACE (city or town) BRASALISMEDE	Accident, suicide, or homicide? Date of Injury, 19	
AINLY, id be can DEATH	(State er country)	Where did injury occur? (Specify city or town, county and State)	
ADDA	17. INFORMANT CANDEN TO BELLE MILE ON Balls Mile	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
F=1 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
N ISE	Place Place Part and 1931	Nature of injury	
-WRITH mation CAUSE TION is	19. UNDERTAKER L. G. S. J. J. Jon	24. Was disease or injury in any way related to occupation of deceased? 200	
B. B.	(Address Resund Suns and	If so, specify Land Land 1	
wi Z	20. FILED Pr. 24 1931 Thur aline Registrar.	(Signed) They Tolk No (Address) Aibute Grove West	л. D.
)	and the state of t	TALL N. Charles Street Relaimage Demander (7) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORD	EXACTLY, PHYSI- ily classified. Exact	Village or City Perrylle (No. 2FULL NAME alexina dy	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) in the stead of street and number.
	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NDING	ould be st may be pre n back of	Female Heite Single, Married, Widowell or DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
BI HE	E sh at it	(Month) (Day) (Year)	that I last saw h Chilive on april 14th 131
FOR S IS A	ms so than	7 AGE If LESS than I day	and that death occurred on the date stated above, at 12, 2572m. The CAUSE OF DEATH * was as follows:
SERVED NKTH	ly suppliant term See ins	yrs. mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	atheromata
RES NG 1	in pl	b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chronic Valvular Weart
NEADI	be ca EATH Impo	9 BIRTHPLACE (State or country) Md.	Secondary Dystion 5 yrs mos de
MARGI H UNFAI	oF D	10 NAME OF FATHER Samuel Jackson	(Signed), J. Hagray M. E. Magray M. E. Mayrille ma
TI	CAUSE TION IS	OF FATHER (State or country)	*State the Disease Causing Death, In deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LY,	PA PA	of MOTHER Wilenown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
A	Infor	13 BIRTHPLAGE OF MOTHER (State or Country)	At place In the of deathyrsmosds, Stateyrsmosd
E PI	ould of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRIT	Every iten CIANS sh statement	(Information and any and Address) and any and and and any and and any	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL
S. No. 1	BEvel	15 Filed 4/16 By I.F. Sandara Ragistrar	20 MANDERTAKER STATES ABORESS ILL
T)	Z	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requasting V. S. No. J

(Approved by U. S. Census and American Public Health Association.)

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PLACE OF DEATH 1448 STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED (Write the word) BINDI HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIfLESS than and that death occurred on the date stated above. I day hrs. The CAUSE OF DEATH * was as follows: ESERVED ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 0 11 BIRTHPLACE (Address) o lui S CAUSE OF FATHER ENT Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PARI OF MOTHER IR LENGTH OF RESIDENCE (For Hospitals, Institutions, Transnform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death. State. (State or Country) 00 Where was disease contracted, Every Item of CIANS should statement of C 14 THE ABOVE IS TRUE TO if not at place of death?. usual residence... (Informant) 19 PLACE/OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1

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a hospital or Institution, give its NAME	1PLACE OF DEATH County Cicil	KITHEN COMMORATE L	(1445h	STATE OF M	
3 SEX A COLOR OR RACE SINGLE MARRIED Manied ON DIVERS.	115:	// 1 /			(If death occurred In a hospital or Institution, give its NAME in stead of street am
Male Colored OR DIVORCED (Write the word) 6 DATE OF BIRTH Colored OF Colored OF			MEDIC	AL CERTIFICATE C	F DEATH
(Month) (Day) (Year) TAGE If LESS than day, hrs. or day	male Color of RACE 5	SINGLE, Manied MARRIED Manied WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Oprif (Month)	, 1927
The CAUSE OF DEATH * was as follows: Contributory Contributor	Oct		July		- 1
Trade, profession or Falvers	7 AGE 44 yrs. 6 mg	l day hrs.			above, at
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) Perusal Discussion Death, or, In deaths from Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training of Linguistance) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training of Linguistance) 19 Length OF RESIDENCE (For Hospitals, Institutions, Training of Linguistance) 10 Length OF RESIDENCE (For Hospitals, Institutions, Training of Linguistance) 11 Length OF RESIDENCE (For Hospitals, Institutions, Training of Linguistance) 12 Length OF RESIDENCE (For Hospitals, Institutions, Training of Linguistance) 13 Length OF RESIDENCE (For Hospitals, Institutions, Training of Linguistance) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Agrees Simplers (Informant) Agrees Simplers (Informant) Agrees Simplers (Informant) Address) Linguistance 19 PLACE OF BURIAL OR REMOVAL CANADORESS Filest March 1992 Agree Agree (Address) 20 UNDERTAKER ADDRESS FOR Agree Agree (Address) ADDRESS FILEST MARCH 1992 Agree (Address) Applementation of Linguist Agree (Address) Applementation of Linguist Agree (Address) Applementation of Linguist Agree (Address) At place of death year agree (Ad	(b) General nature of industry business, or establishment in which employed or (employer)	7 .	Secondary Myocas	(Duration)	yrede
OF MOTHER Louisla Willer 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	OF FATHER (State or country) Mary	land	*State the Di	sease Causing Death, ate (1) Means of Inj	
(Informant) agrees Simpers Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Charles Colored Cerealing Cofe 29, 19: 15 Filed Minds 1924 Banks Banks 20 UNDERTAKER ADDRESS EONT	OF MOTHER County of 13 BIRTHPLACE OF MOTHER	gloania	At place of deathyrsm	In the State	
Filed I 1921 1921 Should Should 2/11 for 180 Nt	(Informant) agrees S. (Address) Elktory	my knowledge	Former or usual residence		DATE OF BURIAL Of 29, 1931 ADDRESS
If more hanks are needed, address State Registrar, 16 W. Saratora St., Balto, Requesting V. S. No. 1.	Filed [192]		24. W.P.	Aprile Requesting V S	Elkton m

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FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

			12	6	1
1	1	7	4	5	1

1. PLACE	OF DEATH			108	
County	Cecil			Registration Dist. No. 9	5
Village or Length of re	esidence In city or town w	here death occurred	. Q_yrs Omos	St., Goaln t., Md. St., St., f death occurred in a hospital or institution, give its NAME instead of street and s. VV ds. How long in U.S. if of foreign birth? yrs	Ward number)
	ence: No. Perry			St., Ward. If nonresident give city or town an	J C
	NAL AND STAT			MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX male	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D_(write the word)	21. DATE OF DEATH April 24 (Month) (Day)	, 1931 •
5a. If married, wid HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That I attended April 2	(Year) deceased from
	H (month, day, and year) Years Month	March 2, 1	If LESS than 1 day,hrs.	I last saw h im alive on April 24 , 1931 to have occurred on the dato stated abovo, at 1:30A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
9. Industry of work w	fession, or particular f work done, as SPINNER ER, BDOKKEEPER, etc r business in which was done, as SILK MILL, ILL, BANK, etc ased last worked at	11. Total t	imo (vears)	Pyo-pneumo Thorax	Date of onset 3-2 7-31
tz. BIRTHPLACE (State or co	ountry)	enchtown, Mo	nt in this Unknow	n Dther Contributory Causes of importance: Lobar Pneumonia	3-12-3
13. NAME	Lomis J. S				
(State	or country)	[aryland		Name of operation Date of What test confirmed diagnosis? Was there an	
NAME OF TAXABLE PARTY.	CE (city or town) or country) Hospi	Mary land tal Records		23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	g: , 19 te) ACE.
18. BURIAL, CREMA	ATION, DR REMOVAL		1-24- _{,19} 31	Manner of Injury	
19. UNDERTAKER (Address)	Perryvi	tterson, lle, Md.		24. Was disease or injury in any way related to occupation of deceased?	8
20. FILED CCK	N. 25, 103/Ca	allow M	Ocreson Opp Registrar.	(Signed)F. E. LESLIE, Medical Officer (Address) Perry Point, Md.	in-ch.M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M	Kaot	1PLACE OF DEATH .	STATE OF MARYLAND
	I W	County Ceccl	CERTIFICATE OF DEATH
	Ľ≺,	-D. X 10 8 t	Registration Dist. No. 96
ORD	asse te.	Village or City ON SENOUT	St.: Ward) (If death occurred in a hospital or institu-
COL	erly of	2FULL NAME Anne Sne	tion, give its NAME in- stead of street and number.)
/F	rope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z Z	d be si y be pri ack of	JEWAR 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 193
Z Z	oul ma n b	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
A PF	E sh	Sept- 15, 1891 (Month) (Day) (Year)	192 to , 192 , dead 16 , 17 71
IS IS	So th uctio	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
HIS	ied. ns s	39 yrs. 7 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
RVE	supp n terr See in	(a) Trade, profession or particular kind of work	Cebral Hemorrhage
ESE ESE	plaily	(b) General nature of industry	10 minutes.
N. N.		business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
GIN	be caref EATH In importa	9 BIRTHPLACE (State or country) Battum Wid	Contributory Secondary (Durstion) 20 yrs mos ds.
AAR	F Div	10 NAME OF FATHER STATES OF STATES	(Signed)
HI	e sho	of Father The Target Ta	
WI	CAUS	(State or country) Baltimon Md,	Violett Causes, stay (1) Means of (Injury and (2) Whether Accidental, adeidal of Removed to the Control of Con
1	H PA	of MOTHER MANUELLE CARLEY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Ó	Infor	13 BIRTHPLACE OF MOTHER (State or Country) Ref AMA.	At place of deathyrsmosds, Stateyrsmosds,
<u>A</u>	of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of dea.h?
RITE	short o	(Informatifus albert A. Bevaus	Former or usual residence
W	Every It CIANS stateme	(Address) 5235 Luden Trightain	Hestin Course 4, 20, 1934
	 	Filed H 17 1934 to F Sanders Registras	Walter Davis 3 4 6 Chedronaux
(1)	z	If more blanks are needed, address tate Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mcasles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic etc. The contributory Nomenclature of the

If this certificate is looked or moragily ad all questions answered in detail, it will provide an interest or a second and must be obtained before the certificate is permanently fied.

	PLACE	OF DEATH	WITHIN GO	FORATE LINE	(14.	STAT	E OF	MARYLAND
C	ounty	ecil	Påävsävsoodooodaa		(159)	CERTII	FICATE	OF DEATH
Villa	age or City	Electon	(No			THE PARTY OF	gistration	a nospital of thet
	²FUI	L NAME Olg	a J. I	wan	sou	***************************************	98 49840 0 000 00 00 00 00 00	tion, give its NAME stead of street number.)
	PERSON	IAL AND STATIST	ICAL PARTICI	JLARS		MEDICAL CERTI	FICATE O	OF DEATH
3 SE Fe	eval	4 COLOR OR RACE	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word	any (16 DATE OF		hil (onth)	29 , 1921 (Day) (Year)
B DA	ATE OF BIR	of	28	, 1931	spr	HEREBY CERTIFY,		ended the deceased fr
7 AG		(Month)		(Year) [If LESS than I day hrs. or min.)	and that deat	th occurred on the of		above, at
8 00	Trade, pro	efession or				0		/
) (b) bus	rticular kind General na siness, or es	d of work sture of industry stablishment in	••••••		Gres	nelvie (Dur	delu	yremoe
par (b) bus wh	rticular kind General na siness, or es	d of work	land	ovu	Contribute Secondar (Signed)	yy		yre mos M.
par (b) bus wh	General na siness, or estich employed (State or country of FATHER IT BIRTHPLA (State or State	ntry) Mary Country) ACE ER Country)	land wan eden	sou	Secondar (Signed)	Thereway	Sola Eli	Jrs. mos M.
PARENTS WHAT SHAPE STATES AND STA	Ticular kind General na siness, or es sich employe RTHPLACE (State or cou TATHER II BIRTHPL OF FATHI (State or OF MOTH OF MOTH	ntry) Mary FOLOS S ACE ER COUNTRY) S ACE ER COUNTRY) S ACE ER COUNTRY) S ACE ER COUNTRY S ACE ER	land wan in Fora	son en	(Signed) *State Vloient Ca Accidental, i B LENGTH ients or Re At place	(Dur 1924 (Address) the Disease Causin uses, state (1) Mer Suicidal or Homicidal.	ration) Religion Death, and of In. Tor Hospit	
y par (b) bus wh 9 Bir 1 1 2 4 TH	Ticular kind General na siness, or es sich employe RTHPLACE (State or cou NAME OF FATHER IT BIRTHPL OF FATHI (State or PATHER STATE OF MOTH (State or STATE STATE OF MOTH (State or STATE OF MOTH (STATE STATE OF MOTH STATE STATE OF MOTH STATE STAT	ace ER Country) Man ACE ER Country)	Law war	son en EDGE	(Signed)*State Vlolent Ca Accidental, is 1B LENGTH ients or Re At place of deathyr. Where was dise	the Disease Causin uses, state (1) Me. Suicidal or Homicidal. OF RESIDENCE (F. cent Residents)	ration) Religion Death, and of In. Tor Hospit	or, in deaths from jury and (2) Whether
Par (b) bus wh 9 Bit	Ticular kind General na siness, or es sich employe RTHPLACE (State or cou NAME OF FATHER IS BIRTHPL (State or DF MOTH (State or	of work Interest of industry Intablishment in Introduction of control Introduction of contro	Law war	son en d EDGE	(Signed)	(Dur 192 f. (Address) the Disease Causinuses, state (1) Mer Suicidal or Homicidal, OF RESIDENCE (Form Residents)	retion) Black In g Death, ans of In, for Hospit In the	or, in deaths from jury and (2) Whether

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M	Y, PHYSI-	PLACE OF DEATH County Class New Entre	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92
CORD	E 75	Village or City (No	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of strect and number.)
Ų	stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING	be st be pr ck of	3 SEX 4 COLOR OR RACE BSINGLE, MARRIED, WILLOWED. OR OVERSEED WHITE THE WORL	16 DATE OF DEATH Opel 14, 1931
R BINDII	. 0 _ 0	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw how alive on the last saw ho
THIS IS	ed. A	7 AGE 36 yrs. 10 mos. ds. or min.?	and that death occurred on the date stated above, at / 2 A _ m The CAUSE OF DEATH * was as follows/
SERV	Illy supplied to	(a) Trade, profession or particular kind of work to the grafiles. (b) General nature of industry business, or establishment in	Tractured pull
2 2	be carefull EATH In pli	which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) Ayre med de
MARGIN	s o	10 NAME OF FATHER M. E. PREYERS	(Signed) Howard Wheen Show male
	CAUS CAUS ATION	OF FATHER (State or country) 12 Majoen Name OF METHER CAME OF METHER CAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	Information State	13 BIRTHPLACE OF MOTHER (State or Country)	Ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
TTF P	onlo	(Informant) M. Newel	Former or usual residence
1 WRIT	CANS STENDER	17 march Blouster M.	Sourcester 1 Date of Burial 20 UNDERTAKER 2 ADDRESS
7. 8. No.	N. B.	Filed affrif # 192 & Fraus Frager Registrer	HOPTH SUCL 2019, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
1	/-	Il mole higher are medad, addides prace megistics	

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stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. can be ascertained as conditions from childbirth or miscarriage as diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular Nomenclature of the heart disease; not be

If this certificate is Noked over thoroughly and all questions answered in detail, it will prevent further portespondence. All the data is essential and must be obtained before the certificate is permanently filed.

entry ned.

CORD ed EXACTLY, PHYSI- ocrly classified. Exact	PLACE OF DEATH County County (No. / No. / No. / No. / No. / No. / No. / PERSONAL AND STATISTICAL PARTICULARS	Registration Dist, No. Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
A PERMA NT	MARRIED. MARRIED. MIDOWED OR DIVORCED OR DIVORCED (Write the word) 8 DATE OF BIRTH AMM 173/	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decreased from 192 to 192 that I last saw h alive on 192
MARGIN RESERVED FOR THE UNFADING INKTHIS IS should be carefully supplied. A E OF DEATH in piain terms so the second control of the	(Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (Ntate or country) 10 NAME OF FATHER I LANGUAGE OF FATHER I LANGUAGE OF MOTHER I BIRTHPLACE I	
Pl of l	(Informant) (Address)	Where was disease contracted, if not at place of dea.h? Former or usual readence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER PLACE PLACE ADDRESS LISTON ADDRESS T, 16 W. Saratoga St., Brite, Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DISLEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul lover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, of as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory affection necd valvular Nomenclature of the Always qualify all heart disease; not be

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING WITH UNFADING INK--THIS IS A PERMA FOR MARGIN RESERVED WRITE PL (×7

No. 1

	PLACE OF DEATH County (Leaf)	STATE OF MARYLAND
	County	CERTIFICATE OF DEATH 93
	3/2/2/	Registration Dist. No.
	Village or City Jain Hell (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jeusle 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Charles 13 — 192 (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	15 yrs. 2 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
	OCCUPATION Trade, profession or particular kind of work	Juffususa;
	(b) General nature of industry business, or establishment in	
V	which employed or (employer)	Contributoryds.
	State or country) Mary land	Secondary (Duration) via de
	10 NAME OF CIUSO Websty	(Signed) M. D.
	OF FATHER (State or country) (State or country)	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Sorah Centhons	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
	(Informant) Clues Welester	Former or usual residence.
	(Address) Eeklere Inch 1905	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELLA JELL CENTER (Paul 18, 13/
	Filed April 15 793! James Burge Registrar	J. Obemalky Cellow ma
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precious relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. to report worked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles;

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory, as so of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 19	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Corebral hemorrhage July 5, 1921	Pritonitis	3 days ago
/0		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year

(M	HYSI- Exact	PLACE OF DEATH County Reel	STATE OF MARYLAND CERTIFICATE OF DEATH
(111	, a	Contract of the second of the	Registration Dist. No. 92
CORD	M 구유	Village or City felklore (No. Musore 2FULL NAME Evan Wes	Useful St.: Ward) (If death occurred in a hospitul or institution, give its NAME in stead of street and number.)
	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D A L	be st be pr ok of	Male Bek Single, Male Bek Single, Married, Widowed: Or Divorces Okarie the word)	16 DATE OF DEATH 192 (Month) (Day) (Year)
BIND	ehor t it m s on	6 DATE OF BIRTH NO Sexpanuation	17 I HEREBY CERTIFY, That I attended the deceased from
FOR IS A	a. ACE ●o tha ruction	(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day	
RVED (-THIS	supplied n terms See inst	ds. or min.?	lecretraf mbolin
RESE NG INK	refully I in plail ortant.	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos da,
MARGIN		(State or country) Mosyland 10 NAME OF FATHER John Wesley	(Signed)
HTI	CAUSE C	OF FATHER (State or country) 12 MAIDEN NAME 124	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ILY	Informati etcte C/	OF MOTHER WAS SENTENCESSESSES OF MOTHER WAS SENTENCESSESSESSESSESSESSESSESSESSESSESSESSESS	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of deathyrsmosds.
re Pu	should nt of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Former or usual residence
WRIT	Every ite CIANS S statemer	(Address) Chilles RD / Zud	19 PACE OF BURIAL OR REMOVAL PATE OF BURIAL PACE OF BURIAL PACE OF BURIAL PACE OF BURIAL
No 1	E STEE	Filed (yould 1931) Bunk Registron	G. J. Clemente, Cetter med.
7	2	If more toanks are needed, addre.s tate hegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness (l various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not raid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Strtement of Cause of Death—Name, first, the Disbrace Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fover (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I hold fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Hiaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

STATE OF MARYLAND CERTIFICATE OF DEATH

Thank to	Vard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICA	TE OF DEATH
DATE OF DEATH	, 18/
	stated above, atm,
(Duration)	notice Russ code
Contributory Secondary (Duration	
pigned) / / / / / / / / / / / / / / / / / / /	mison M. D.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
LENGTH OF RESIDENCE (For ients or Recent Residents)	liospitals, Institutions, Trans-
deathyrsmos d. ds.	In the State yrs mos ds.
here was disease contracted,	ariseal Mil

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, addre.s Ltage Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Housemaid, etc. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to knew (a) the kind of work and also (b) the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective ci fulness of various pursuits can be known. worked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a yrs). Compositor, Architect, For persons who have no occupation If the occupation has been clanged single word or term on Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E.amples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Tyrhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURI

MARGIN

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiwal fever (the only definite synonym is "Epidemic cerebrospimal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The contributory affection need not be valvular Nomenclature of the heart disease;